

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000017270**

1. Entity Name

T AND C ENTERPRISES OF NORTH FLORIDA, INC.**FILED****May 17, 2000 8:00 am**
Secretary of State

05-17-2000 90913 023 ***150.00

Principal Place of Business

Mailing Address

11318 DISTRIBUTION AVE W
#3
JACKSONVILLE FL 32256
US11318 DISTRIBUTION AVE W
#3
JACKSONVILLE FL 32256-2747
US

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3429286

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRANT MOORE MACDONALD & WELLS, PA
50 NORTH LAURA STREET
SUITE 3100
JACKSONVILLE FL 32202

Name

Scott Glazier

Street Address (P.O. Box Number is Not Acceptable)

8761 Perimeter Park blvd suite 103
City **Jacksonville** FL Zip Code **32216**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/20/00

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **GILPIN, CHRISTI L**
STREET ADDRESS **408 FOURTH STR, NORTH BEACH**
CITY-ST-ZIP **ST AUGUSTINE FL 30295**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **GILPIN, TODD**
STREET ADDRESS **408 FOURTH STR, NORTH BEACH**
CITY-ST-ZIP **ST AUGUSTINE FL 30295**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **GILPIN, ELIZABETH J**
STREET ADDRESS **5010 BRIDLEWOOD COURT**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **GILPIN, C. EDWARD JR**
STREET ADDRESS **5010 BRIDLEWOOD COURT**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Christi Gilpin Pres - Christi Gilpin **4/20/00** **904 880 3440**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)